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HEALTH OCCUPATIONS SUPPORTIVE TO NURSING, A STATEMENT OF POLICIES AND RECOMMENDATIONS.

AMERICAN NURSES' ASSN., NEW YORK, N.Y.

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TO SOLVE THE NURSING PERSONNEL SHORTAGE, THE AMERICAN NURSES' ASSOCIATION RECOMMENDED--(1) THE FIRST PRIORITY FOR FEDERAL MONIES FOR TRAINING HEALTH WORKERS FOR NURSING SERVICES SHOULD BE TO PREPARE REGISTERED NURSES FOR TEACHING, SUPERVISION, AND ADMINISTRATION, (2) A CONCERTED EFFORT SHOULD BE MADE TO RECRUIT YOUNG PEOPLE AND TO ATTRACT INACTIVE NURSES BACK TO NURSING THROUGH SUCH MEASURES AS REFRESHER COURSES, (3) TASKS NOT DIRECTLY CONCERNED WITH THE NURSING CARE OF PATIENTS SHOULD BE SEPARATED IN ORDER TO RELEASE MORE NURSING PERSONNEL FOR DIRECT PATIENT CARE, (4) THE NURSING PROFESSION SHOULD BE INVOLVED IN MAKING JOB ANALYSES AND DETERMINING JOB CONTENT FOR THE "NEW" HEALTH OCCUPATIONS TO AVOID CONFUSION ABOUT WORK ROLES, (5) PUBLIC, APPROPRIATE GOVERNMENTAL AGENCIES, AND ADMINISTRATORS OF HEALTH FACILITIES SHOULD BE INVOLVED IN A UNITED EFFORT TO INSURE THE ECONOMIC SECURITY OF NURSING PERSONNEL AT ALL LEVELS, (6) A BROAD BASED EDUCATIONAL PROGRAM SHOULD BE INITIATED TO INTRODUCE THE PROSPECTIVE STUDENT TO THE NATURE OF SERVICES IN HEALTH FACILITIES, ASSESS HIS INTEREST AND POTENTIAL FOR TRAINING, AND ENCOURAGE HIM TO UNDERTAKE TRAINING AT THE HIGHEST LEVEL POSSIBLE, AND (7) CONSIDERATION SHOULD BE GIVEN TO CERTAIN FACTORS IN THE SELECTION, TRAINING, AND UTILIZATION OF AUXILIARY WORKERS IN NURSING SERVICE. THE ROLE OF THE WORKER IS TO ASSIST THE REGISTERED NURSE OR LICENSED PRACTICAL NURSE IN WORK DELEGATED BY THE FORMER. THE TITLE OF "NURSES' AIDE" IS RECOMMENDED FOR AUXILIARY WORKERS REGARDLESS OF EMPLOYMENT SETTING. TRAINEES SHOULD HAVE COMMAND OF ENGLISH, EDUCATIONAL ELIGIBILITY TO ENTER THE NINTH GRADE, AND POTENTIAL FOR THE WORK DEMONSTRATED BY VOCATIONAL APTITUDE TESTING. APPLICANTS SHOULD BE PREPARED IN AN ORGANIZED PROGRAM OF CLASSROOM INSTRUCTION AND CLINICAL PRACTICE IN A NONPROFIT EDUCATIONAL AGENCY. SEVERAL GUIDES FOR CONTENT OF NURSE AIDE TRAINING PROGRAMS ARE SUGGESTED. THIS DOCUMENT IS AVAILABLE FOR 25 CENTS FROM AMERICAN NURSES' ASSOCIATION, 10 COLUMBUS CIRCLE, NEW YORK, NEW YORK 10019. (JK)

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Health Occupations Supportive to Nursing

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A Statement of Policies and Recommendations by the American Nurses' Association

AN INTRODUCTORY STATEMENT

President Johnson, at the signing of the Nurse Training Act of 1964, stated that "The health needs of a growing population cannot be met without the help of nurses. Nurses perform a vital role in maintaining and strengthening America's health services and our national well-being."

The national professional association for registered nurses recognizes its responsibility to continue to assess the augmented demands for nursing services in this country; to give direction and leadership in the delineation and utilization of appropriate nursing personnel to meet the increasing needs and opportunities for patient care; and to assist in setting appropriate standards for the training of such personnel for the health occupations (defined by the U.S. Office of Education as those occupations that render supportive services to the health professions, such as nursing).

Changes, including patterns of staffing and the addition of other service personnel, are clearly indicated. On the other hand, the consequences of increasing the numbers of certain groups of nonprofessional workers who have limited functions in nursing services are a cause of serious concern. Expert professional nurse guidance is therefore required to analyze the needs for nursing education and services; to determine personnel changes according to the varying degrees of required nursing care; and to indicate the personal qualifications, education and training which different types of personnel must have to give improved, as well as necessary, service. This information must then be shared with nurses, with other health professions and related agencies, and with government employees involved in the implementation of federal legislation affecting nursing personnel and services.

NEW PERSONNEL NEEDS IN NURSING — A CAUSE OF GROWING CONCERN

The primary concern of the nursing profession is twofold:

1) to meet the total nursing needs of society;

2) to provide nursing care which is both adequate and safe.

This concern parallels that expressed in the announcement of the national Job Development Program by the federal government, on February 1, 1965:

> "To assure trained workers to provide needed services at satisfactory wages and working conditions so that the consumer's needs can be met better and more fully. . . . To provide the education and training required for the service positions. . . . To contribute to the raising of present wage or work standards."

Health care cannot exist without personnel to provide such care. The expanded functions of nurses, and advancements in health services, are two of the major factors that have caused registered nurses to realize that they alone could not meet the increasing demands for health care and the accelerated needs for more workers to provide that care. To help resolve these problems, nurses have developed various kinds of solutions, including:

- team nursing plans
- intensified recruitment of students to enter nursing
- improved economic security programs for nurses
- utilization of part-time employees
- support of practical nurse education
- delegation of appropriate tasks to auxiliary workers
- enlistment of government support of nursing schools and scholarships.

Two Solutions: Use LPNs, Auxiliary Workers

A solution professional nursing has actively promoted is employment of the licensed practical nurse to carry out those functions her training has prepared her to perform. The American Nurses' Association has officially recognized the role of the LPN and has delineated the functions of this worker, in collaboration with the National Federation of Licensed Practical Nurses. The joint **Statement of the Functions of the Licensed Practical Nurse,** issued by the ANA and NFLPN, indicates that

the LPN may function in such health facilities as general hospitals, mental hospitals, tuberculosis hospitals, public health agencies, doctors' offices, nursing homes, institutions for the mentally retarded, homes for the aged, private homes, occupational health services and rehabilitation centers.

In addition to registered nurses and licensed practical nurses, nursing services also utilize auxiliary nursing personnel to assist nurses in patient care. Experimentation has demonstrated that some tasks can be delegated to properly trained and supervised auxiliary workers.

However, it is important to stress that the tasks performed by an auxiliary worker should include only those that do not require the preparation and judgment of a registered nurse or a licensed practical nurse. Auxiliary workers in nursing are employed to assist registered nurses and licensed practical nurses. Without jeopardizing the safe care of patients, the auxiliary worker cannot be trained and/or expected to perform functions for which education and licensure as a nurse is required. Workers in nursing should not be asked to perform tasks for which they have not been fully prepared and trained — tasks which really require a worker possessing at least the education and skills of the licensed practical nurse.

Licensure of Nurses Protects the Public

The nursing profession maintains that persons responsible for the nursing care of patients should be prepared and licensed as either registered nurses or practical nurses. Since the purpose of nurse licensure is to protect the health and welfare of the public, the ANA recognizes licensure for only two levels of practice: the registered nurse and the licensed practical nurse. Every state now makes provision for licensure for practitioners in professional and practical nursing; there exist official state regulations governing their preparation and practice. This type of legal regulation also protects students of nursing through establishment of standards of education preparing persons for admission to the licensing examinations.

As communities move to expand training opportunities for nurses, great care must be taken to maintain at least the established minimum standards of preparation. These are essential to sound preparation of nursing students, subsequent licensure of the graduates, and interstate recognition of licensed nursing personnel. These standards also guard the health care of the patient who, as the consumer, should be assured that at least minimum standards of safety are being maintained.

Research Confirms Need For Quality Nursing Care[1]

Many long-range and short-term studies sponsored by professional nursing, in collaboration with government agencies and educational institutions, have been made to determine the amount and

[1]Information concerning nursing research findings is available from the American Nurses' Foundation, 10 Columbus Circle, New York, N. Y. 10019.

quality of nursing care needed in established, as well as newly developed, patient care units. Current nursing research continues to produce data which can be useful in constructive planning for present and future use of resources and manpower in improving health care for our citizens.

Recent research has indicated that the number of personnel staffing a particular agency should not be the only consideration in planning patient care. Quantity cannot be equated with quality. Staff training and skill are the major factors affecting quality of care. It has also been established that the quality of medical care, as well as nursing care, is substantially improved wherever there is a relatively high proportion of registered nurses and licensed practical nurses, in comparison with the numbers of auxiliary workers, on the staff.[2,3]

RNs Responsible for Teaching, Supervision

The shortage of professional nurses is acute. It is most serious in the areas of teaching, supervision and administration. Professional nurses are responsible for the total management of the nursing care of patients and for the teaching and supervision of all other personnel in nursing services. Without competent, well-prepared teachers, the additional numbers of **all** nursing personnel that the country needs cannot be soundly prepared; without supervisors and administrators to direct and oversee service, quality nursing care cannot be assured nor can adequate training programs be established.

TO SOLVE THE PERSONNEL SHORTAGE, ANA RECOMMENDS THESE MEASURES

1 Top Priority for RN Training

In view of the serious national shortage of actively employed registered nurses and the citizens' need for quality health care, the ANA strongly recommends that first priority for available federal monies for training of health workers for nursing services be given to providing additional educational opportunities for the preparation of registered nurses to meet the needs in the areas of teaching, supervision and administration.

2 Concerted Recruitment of Nursing Students and RNs

A concerted recruitment effort is needed to encourage qualified young

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[2]Georgopoulos, B., and C. Mann. **The Community General Hospital.** New York City: Macmillan Company, 1962.

[3]Miller, Stephen J., and W. D. Bryant. "How Minimal Can Nurse Staffing Be?" **The Modern Hospital,** 103:111-113 (September, 1964).

people to enter the field of nursing. This should involve not only all members of the nursing profession but also high school counselors, employment office counselors, local community organizations, etc. With increased amounts of federal funding of nursing education now available, enrollment of students in accredited schools of nursing to become RNs and LPNs can be proportionately increased.

Recent extensions of federal legislative acts, which include provisions for opportunities to offer refresher courses for RNs, are likely to attract many of the thousands of inactive nurses to return to nursing service. ANA recommends a combination of these efforts to assist in the amelioration of the licensed nursing personnel shortage.

3 Separation of Non-Patient Care Services

In most health facilities, there are tasks to be performed that are not directly concerned with nursing care of patients. Many of these services are basic or supportive to patient care but are not appropriately within the scope of nursing service. They are typified by housekeeping tasks, dietary tasks, messenger services, clerical duties, receptionist duties, porter services, etc. ANA recommends that these services should not be considered as nursing service assignments. Their separation from nursing personnel assignments will release more nursing personnel for direct patient care.

Trained persons are definitely essential for non-patient care services. Their numbers conceivably will increase in similar job categories that will develop in newly planned facilities for health care. ANA recommends that these employees be selected, trained, supervised and evaluated by the appropriate personnel in the department responsible for these services.

ANA further recommends that the time and talents that registered nurses devote to training and supervising these workers (who perform services not directly concerned with patient care) be limited to interpretation of the role of nurses and the relationship of these workers to nursing personnel in the work situation.

4 More Careful Consideration of Proposed New Occupations

Many new titles for health occupations are being introduced by various organizations and groups as suggested components of nursing service personnel. An examination of the job descriptions of these "new" health occupations frequently reveals that these are only new titles for long-established jobs, and do not actually indicate new occupations. This proliferation of new titles, therefore, creates needless confusion about the work roles of these nursing personnel.

It is a serious concern of ANA that these "new" occupations, which supposedly are supportive of nursing services, are frequently proposed and planned without consultation with the nursing profession. Only experts

in a particular field are capable of making the job analyses for that field and the determination of the content of each job. Only experts in professional nursing, therefore, should determine whether the functions of a proposed new occupation supportive to nursing are truly within the purview of nursing. The aim of job development programs is to assure that consumer needs are met "better and more fully," as stated in the announcement of the national Job Development Program. If the nursing needs of patients are to be met better and more fully, ANA recommends that the nursing profession be involved in the determination of needs and in planning for better and fuller measures to meet these needs.

5 Upgrading of Salaries, Improvement of Working Conditions

Because satisfactory wages and working conditions are vital to the attraction and retention of qualified personnel, ANA continues to call attention to the fact that shortages of nursing personnel at all levels will continue indefinitely unless there is a concerted effort to improve salaries and conditions of employment in the various facilities that employ these persons. The wages of nurses, as well as auxiliary nursing personnel in health occupations, continue to be sub-standard. There is urgent need for attention to this matter.

ANA therefore recommends that the public, appropriate governmental agencies, and administrators of health facilities be involved in a united effort to insure the economic security of these workers.

6 Introductory Organized Programs for Health Workers

ANA recommends that a broad-based educational program be initiated for applicants seeking to enter the health occupations. This program could serve as an introduction to the nature and purpose of care in health facilities, the variety and description of available jobs, and assessment of the applicant's interest and potential for training for the type of preferred employment.

It is further recommended that this broad-based educational program preferably be conducted under the auspices of a nonprofit educational institution. The program could be adapted to the high school level as an elective organized course of study, with a correlated work experience to introduce students to the employment opportunities available in health occupations. For example, a pilot program could be developed in a comprehensive high school curriculum, such as the one now in use in St. Louis. The program could also be open to other persons who are interested in a health occupations career. This type of program could be used to prepare persons to enter training programs for specific health occupations.

One of the most important aspects of this over-view of the health occupations field should be wise counseling to encourage students to undertake the highest possible level of training. Minimum training results in place-

ment in low-level positions with low wages, less opportunity for advancement, and limited service in the health field.

7 Selection, Training, Placement, Utilization of Nurses' Aides

Although a more detailed description of the role of the auxiliary worker in nursing services will appear in a forthcoming ANA publication, the American Nurses' Association recommends the following delineation of certain aspects of the role of these workers for the consideration of those responsible for their selection, preparation and utilization.[4] The broad-based pre-service educational program for all health workers could serve as a screening process for selection of the auxiliary worker in nursing services.

General Role: The role of this auxiliary worker is that of assisting the RN or LPN in the nursing service, which operates according to the type of health facility it serves. This work should be delegated by an RN and performed under the direction of an RN or LPN. It should consist of the simple tasks involved in assisting in the personal care of individuals who are ill or otherwise disabled and assisting in the maintenance of a safe and healthful environment.

Uniformity of Title: To date, these auxiliary workers have been given differing titles in various nursing employment situations: ward attendants, orderlies, nursing assistants, nurses' aides, home aides, etc. Lack of uniformity in title has caused much confusion on the part of the public as well as those who are responsible for setting up training programs for these workers.

A uniform title would also indicate the commonalities of the training for this work role. Kinds of tasks performed in a limited type of work area do not provide a basis for designing another specific occupational field. Also, a title is not a reasonable basis for an educational program. Further, the narrow range of training and experience offered in some of these "new" occupations must obviously limit the worker's mobility and future employment opportunities. (For instance, newer techniques of management and supply will soon eliminate the fragmented "occupation" of the Formula Room Technician.)

ANA therefore recommends that, for training purposes, the appropriate title for auxiliary personnel for nursing services should be "nurses' aide." This title appears to be most descriptive of the work role, which is to assist nurses, whether in homes, hospitals, nursing homes or other health facilities.

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[4]A new **Statement on Auxiliary Personnel in Nursing Service** will be published early in 1966 by the American Nurses' Association, 10 Columbus Circle, New York, N. Y. 10019.

Readiness for Training: Applicants for all nurses' aide training must be "ready" for such training, whether the training program is to be conducted under the auspices of the Office of Manpower, Automation and Training; the Vocational Education System; the Office of Economic Opportunity; the Bureau of Apprenticeship and Training; or other nonprofit institutions and agencies. The term "trainee-readiness" means that the applicant has the necessary qualifications to enroll in the nurses' aide program. Trainee-readiness is different from job-readiness, since the latter term indicates that the individual is now ready for employment.

Minimum standards for the nurses' aide training program demand that the applicant have at least the following qualifications: a genuine interest in working with people and helping those who are ill; positive attitudes toward work responsibilities; appropriate appearance, speech and personal hygiene; ability to read and write English; good physical and mental health, as demonstrated by a medical examination that includes appropriate physical and psychological tests; minimum educational eligibility to enter the ninth grade; and evidence of having potential for nurses' aide work, as indicated by successful completion of appropriate vocational aptitude tests (for example, the Nursing Assistants Test for Eligibility, established and used by Veterans Administration hospitals).

ANA at this time is not recommending a minimum age limit for these applicants because many factors — such as the maturity of the person, conditions of the work situation, the possibility that this training may be part of a work-study program for high school students, etc. — would enter into the determination of a minimum age limit for nurses' aide training.

Nursing administrators realize that additional qualifications are frequently required of nursing service workers in specific health agencies. Because of the differences in staffing and operating policies and patterns of hospitals and other health agencies — even in those within the same community — nursing administrators believe it is not possible to adequately prepare auxiliary workers apart from their involvement in the nursing service of the institution in which they will perform. Therefore, ANA recommends that any additional qualifications should be determined in collaboration with nursing service administrators in the individual institution or agency employing the nurses' aide.

Pre-employment Education: ANA believes adequate pre-employment training is essential for all nursing service employees, including nurses' aides. Qualified applicants should therefore be prepared for the nurses' aide work role in an organized program of combined classroom and correlated supervised clinical practice.

ANA further recommends that nurses' aide pre-employment training programs be implemented by nonprofit training agencies (for example: the public vocational education system). This recommendation is in accordance with ANA's belief that all of nursing education should be imple-

mented by educational agencies, through correlated classroom instruction and supervised clinical practice.

Guides for Training: Experience in a variety of situations has demonstrated that the length of time required for nurses' aide training depends chiefly upon the characteristics of the nursing unit within the employment situation and the ability of the worker. ANA questions the long-range value of extensive pre-employment training programs for nurses' aides. From the worker's point of view, the occupation is one of limited scope; from management's viewpoint, it entails rapid turnover.

Guides for content of a nurses' aide training program, such as the following, have been outlined by many well-recommended agencies:

a) The American Hospital Association: **Handbook for Nursing Aides in Hospitals** (prepared by the Public Health Service, U.S. Dept. of Health, Education, and Welfare, and the National League for Nursing)

b) The American Nursing Home Association: **How to be a Nurses' Aide in a Nursing Home,** 1963 edition (prepared by the Public Health Service, U.S. Dept. of Health, Education, and Welfare)

c) The National League for Nursing: **Test Reservoir for Aide Instructors in Nursing — TRAIN**

d) State nurses' associations, working in collaboration with state boards of nursing, state hospital associations, state vocational and adult education departments, etc. (Examples: California, Michigan, Wisconsin and Illinois have established guidelines for nurses' aide training.)

e) Other recognized agencies, such as the New York City Department of Hospitals (Nursing Education and Nursing Service) and the Cornell Medical Center (New York Hospital Auxiliary Training Program)

Although these materials can serve as guides, the agency responsible for the formulation of content and method for a nurses' aide training program should do so in collaboration with professional nursing service administrators and educators in the health facilities where the nurses' aides are to be employed.

Placement: Upon successful completion of the nurses' aide pre-employment training, it is most important that these workers be employed only in those institutions and agencies that provide:

a) Orientation to the specific job situation and continued on-the-job training to assist these workers in the performance of the nurses' aide tasks required by their particular assignments in that facility.

b) Adequate numbers of registered nurses to delegate the tasks to be performed, to supervise the nurses' aides, and to evaluate the services performed by nursing service personnel.

SUMMARIZING STATEMENT OF ANA'S POSITION ON PERSONNEL AND TRAINING NEEDS

The American Nurses' Association recognizes its responsibility to give direction and leadership in the delineation and utilization of appropriate nursing personnel to meet increasing needs and opportunities for patient care. In carrying out this responsibility, ANA recognizes the need for collaborative effort with related health professions and with private and government agencies concerned with the health care of the American people.

ANA recognizes the role of auxiliary patient care workers as definite components of nursing service personnel. The organization believes they can occupy a significant place in a well-organized and efficient nursing service, rendering supportive assistance to nurses and contributing substantially to patients' comfort and welfare.

At the same time, the association would point out that the unrestricted increase of training programs for additional nurses' aides currently threatens to cause serious imbalance of the ratio of nurses to auxiliary personnel. No program should be allowed to threaten the quality of patient care of our nation's citizens. Staffing must be based on needs in a particular nursing situation, and numbers of nursing personnel are not the sole factor to consider in assessing these needs. There is a limit to the number of nurses' aides that can be utilized in a given situation or health facility, as these workers are limited in their preparation, experience and ability, and need constant direction and supervision by licensed nursing personnel. Since these workers have to deal with people — not things — their selection, training, placement and utilization must be planned with care.

In its policies concerning nursing service personnel, ANA concurs with the statement made by Margaret D. West, Assistant Chief of the Division of Public Health Methods, Office of the U.S. Public Health Service, Washington, D.C., in her article, **Man Power for the Health Field: What Are the Prospects?** (**Hospitals**, September 16, 1963).

> "Over the past decade there has been a remarkable increase in the number of health workers. Looking ahead, we can expect an increased work force with a higher educational level. We can expect that an increasing proportion of that work force will go into professional and service occupations and substantial numbers of these into the health fields.
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> "To meet short-term and immediate needs for more pairs of hands, we must rely heavily on workers with relatively small amounts of training. But it should be clear that more marginally trained workers are not the answer from either the viewpoint of hospital management or the hospital patient. If there is to be good service in the years ahead, there must be planning now for the kinds of training programs that will assure enough well prepared nurses, therapists, technicans, and physicians in 1970 and 1975 and 1980 to give the kinds and amounts of health service that we consider proper and desirable in our society."

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